



Attorney Docket No. 016779-0156  
Application Serial No. 09/684,890

1643  
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OCT 15 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TECH CENTER 1600/2900

Applicant: HANSWALTER ZENTGRAFT et al.

Title: CANCER DIAGNOSIS BY THE MEASUREMENT OF NUP88 IN  
BODY SAMPLES

Appl. No.: 09/684,890

Filing Date: October 10, 2000

Examiner: Stephen L. Rawlings

Art Unit: 1642

AMENDMENT TRANSMITTAL

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a  
Small Entity statement previously submitted.

[ ] Small Entity statement is enclosed.

[ X ] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	16	20	0	x \$18.00	\$0.00
Independents:	4	3	1	x \$84.00	\$84.00
First presentation of any Multiple Dependent Claims:				+ \$280.00	\$0.00
CLAIMS FEE TOTAL:					\$84.00

[ ] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a)  
for the total number of months checked below:

mb

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$84.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$84.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$84.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$84.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Oct 10, 2002

By Michele M. Simkin

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